

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **9**

OFFICE USE ONLY

Date Received

2-26-2024

FILED
JOYCE HUDNAN,
CLERK, BRAZORIA CO., TEXAS
BY [Signature] DEPUTY

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mr. Jay E

NICKNAME LAST SUFFIX
Burridge

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

73 N. Calla Lily Ct. Lake Jackson, TX. 77566

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(979) 236-3351

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mrs. Samantha D.

NICKNAME LAST SUFFIX
Burridge

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

73 N. Calla Lily Ct. Lake Jackson, TX 77566

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(979) 709-3597

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
2 / 5 / 2024 THROUGH 2 / 26 / 2024

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
3 / 5 / 2024 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Pct. 1 Brazoria City Commissioner

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2000
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 5689
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,111
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 70000

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

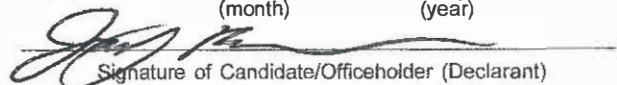
OR

(2) Unsworn Declaration

My name is Jay Burridge, and my date of birth is 01-26-1965

My address is 73 N Colla Lily CT, Lake Jackson TX 77566, USA
(street) (city) (state) (zip code) (country)

Executed in Brazoria County, State of Texas, on the 26 day of Feb., 2024.
(month) (year)



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Jay Burridge</i>	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2000</i>
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>5689</i>
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME Jay Burridge		3 Filer ID (Ethics Commission Filers)
4 Date 2/7/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ronnie Arrington 6 Contributor address: City: State: Zip Code Houston TX	7 Amount of contribution (\$) 50.⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/7/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Brown Contributor address: City: State: Zip Code Lake Jackson TX 77566	Amount of contribution (\$) 200.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/7/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steve Wilsey Contributor address: City: State: Zip Code Lake Jackson, TX 77566	Amount of contribution (\$) 300.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/7/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Simmons Contributor address: City: State: Zip Code Freeport TX 77541	Amount of contribution (\$) 100.⁰⁰
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self-employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>2</u>
2 FILER NAME <u>Jay Burridge</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/10/24</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Gaylon Hughes</u> 6 Contributor address: _____ City: _____ State: _____ Zip Code _____ <u>Portland, TX 77584</u>	7 Amount of contribution (\$) <u>100.⁰⁰</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/17/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Jeff Purvis</u> Contributor address: _____ City: _____ State: _____ Zip Code _____ <u>Clute TX 77531</u>	Amount of contribution (\$) <u>1000.⁰⁰</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/15/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Greg Floriker</u> Contributor address: _____ City: _____ State: _____ Zip Code _____ <u>Freeport, TX 77541</u>	Amount of contribution (\$) <u>150.⁰⁰</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/12/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Stanley Simiskey</u> Contributor address: _____ City: _____ State: _____ Zip Code _____ <u>Lake Jackson TX 77566</u>	Amount of contribution (\$) <u>100.⁰⁰</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
GWAwards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Jay Burridge	3 Filer ID (Ethics Commission Filers)
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4 Date 2/7/24	5 Payee name Brazoria City Republican Party
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6 Amount (\$) 3000. ⁰⁰	7 Payee address: 135 Spanish Oak Circle Lake Jackson TX 77566	City:	State:	Zip Code:
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Ads
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/14/24	Payee name Brazoport Facts
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Amount (\$) 2106.23	Payee address: 720 S. Main St. Chute TX 77531	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Ads
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/14/24	Payee name The Home Depot
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Amount (\$) 32.92	Payee address: 100 Abner Jackson Pkwy Lake Jackson TX 77566	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Jan Burridge	3 Filer ID (Ethics Commission Filers)
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4 Date 2/16/24	5 Payee name Tractor Supply Co
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6 Amount (\$) 114.18	7 Payee address; City: State: Zip Code 203 Hwy 332 W Lake Jackson, TX. 77566
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign T posts
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/19/24	Payee name Tractor Supply
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Amount (\$) 104.67	Payee address; City: State: Zip Code 203 Hwy 332 W Lake Jackson, TX 77566
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T posts
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/18/24	Payee name Patco Ace Hardware
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Amount (\$) 32.86	Payee address; City: State: Zip Code 222 West Willis St. Alvin, TX 77511
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies (used)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Jay Burridge	3 Filer ID (Ethics Commission Filers)
4 Date 2/20/24	5 Payee name Amazon	
6 Amount (\$) 23.36	7 Payee address; City; State; Zip Code 410 Terry Ave N. Seattle WA 98101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Campaign Supplies
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		
Date 2/20/24	Payee name Amazon	
Amount (\$) 29.19	Payee address; City; State; Zip Code 410 Terry Ave N Seattle WA 98101	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Campaign Supplies
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		
Date 2/20/24	Payee name Academy	
Amount (\$) 162.34	Payee address; City; State; Zip Code 2550 Portland Pkwy Portland TX 77581	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Supplies
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|---------------------------------|--------------------------------------|--|
| Advertising Expense | Event Expense | Loan Acquisition/Refinancing Expense | Substantiation/Fundraising Expense |
| Auxiliary Printing | Fees | Office Overhead/Travel Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorabilia Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4		2 FILER NAME Jay Burridge		3 Filer ID (Ethics Commission Filers)	
4 Date 2/25/24		5 Payee name Amazon			
6 Amount (\$) 59.53		7 Payee address: City: State: Zip Code 410 Terry Ave N. Seattle WA 98101			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies		(b) Description T-post remover		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense.		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 2/7/24		Payee name Pay Pal			
Amount (\$) 20.75		Payee address: City: State: Zip Code 1123 Coleman San Jose CA 95110			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking		Description Fees		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense.		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 2/14/24		Payee name Pay Pal			
Amount (\$) 3.38		Payee address: City: State: Zip Code 1123 Coleman San Jose CA 95110			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking		Description Fees		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense.		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED